

APPROVED: GENE SEMANSKY, NJ DOH

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CL# 2225

Date of Notification (1) 2/13/2012		Name of Building Owner / Operator (2) Hess Corporation		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <p style="font-size: 1.2em; margin-top: 10px;">FEB 17 2012</p> <p style="font-size: 0.8em; margin-top: 10px;">ASBESTOS CONT. LICENSING</p>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	One Hess Plaza		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Woodbridge, NJ 07095		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact		
<input type="checkbox"/> DCA		John Philbin		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
615 River Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6)		County Code (7)	Square Feet	# of Floors	Bldg. Age
Edgewater		Bergen			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address			Street Address		
120 North Warren Street			1123 Beaver Street		
City, State & Zip Code			City, State & Zip Code		
Trenton, NJ 08608			Bristol, PA 19007		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number	License Number	
Rick Beach		609-392-4200	(215)788-6040	00509	
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
2/14/2012	2/14/2012		Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 Beaver Street		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe:			City, State & Zip Code		
<input checked="" type="checkbox"/> Facility Occupied During Abatement (Work area isolated) 8am-3:30PM			Bristol, PA 19007		

Scope of Work (Check all that apply)

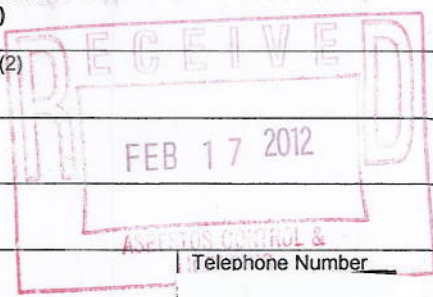
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Safety Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill GROWS North Landfill	
City, State Bristol, PA		Disposal Date 2/14/2012	City, State Morrisville, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 2/13/2012

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

MO
 19062906 996



Date of Notification (1) 2/27/12		Name of Building Owner/Operator (2) Shellie Martin	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 35 Burroughs Way	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Shellie Martin	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 35 Burroughs Way			Square Feet N/A		
City (5) Maplewood			# of Floors N/A		Bldg. Age N/A
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address			Street Address 11 Rosengren Avenue		
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685	
				License No. #00675	
Start Date (10) 2/27/12		Scheduled Completion Date (11) 2/28/12		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Street Address 11 Rosengren Avenue		
			City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

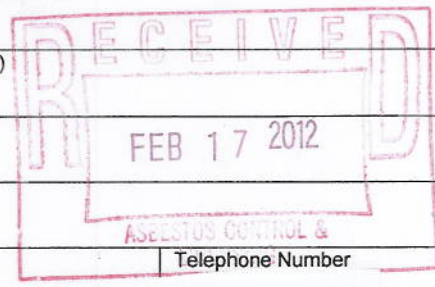
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
above ceiling in bsmt		X		pipe insulation	66 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #206996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste management of PA	
City, State Totowa, NJ				Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanan			Title Project Manager		Signature <i>Deanna Brkusanan</i>		Date 2/14/12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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 673516214



Date of Notification (1) 2/06/12		Name of Building Owner/Operator (2) Matt Diamond	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 484 Emerson Ave	
		City, State, Zip Code Teaneck, NJ 07666	
		Name of Contact Matt Diamond	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)		
Street Address 1101 Trafalgar Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Teaneck		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685
				License No. #00675
Start Date (10) 2/16/12		Scheduled Completion Date (11) 2/17/12		Name of OSHA Monitor D&S Abatement, Inc.
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

- | | | |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	15 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of Pa	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature 		Date 2/06/12

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

STATE OF NEW JERSEY

2012 FEB 17 AM 11:09

4080 J12
ASBESTOS CONTROL

Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) Ted Roycraft	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 143 Pickle Road	
		City, State, Zip Code Califon, NJ 07830	
		Name of Contact Ted Roycraft	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 470 Mount Kembel		Square Feet N/A	# of Floors N/A
City (5) Morristown		Bldg. Age N/A	
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675

Start Date (10) 2/27/12	Scheduled Completion Date (11) 2/28/12	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	180 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of Pa
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA
Completed by Deanna Brkusanin	Title Project Manager	Signature <i>Deanna Brkusanin</i>	Date 2/13/12

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 2/10/12		Name of Building Owner/Operator (2) United Methodist Church of Montclair	
Agencies Notified	Type Notification	Street Address 12 Highland Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Richard Goldberg	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4)		
Street Address 12 Highland Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2400	# of Floors 2 1/2	Bldg. Age 75
Name of Monitoring Firm hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number	
N/A	N/A	(973) 744-8800		00371	
Scheduled Start Date (10) 2/24/12	Sched. Completion Date (11) 2/26/12		Name of OSHA Monitor N/A		
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			City, State, Zip Code		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	160 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.6	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 2/27/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 2/15/12	

RECEIVED

Print Form

FEB 10 DAY 2012

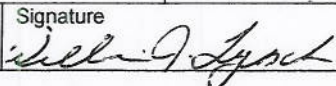
Check # 4435
EBL 5/10/12

WAIVER APPROVED

REMEMBER - MAIL IN HARD COPY
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:30 and 12:12)

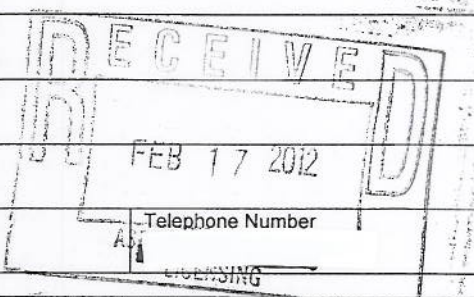
Date of Notification (1) February 15, 2012		Name of Building Owner/Operator (2) Josephine Catarina							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 Temple Road							
		City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Jessa Hand	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 17 Temple Road		Square Feet 2500	# of Floors 2						
City (5) Vineland		Bldg. Age 70							
County (6) Cumberland		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive Suite 207		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) February 18, 2012		Scheduled Completion Date (11) February 25, 2012							
Name of OSHA Monitor EMSL									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			XXX	Double layer Floor Tile	1040 SF	xxx			
Basement			xxx	Double Layer Mastic	1040 SF	xxx			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060		Disposal Date		City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature <i>William Lynch</i>		Date February 15, 2012				

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) February 15, 2012		Name of Building Owner/Operator (2) Josephine Catarina		Check # 4435					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 Temple Road		City, State, Zip Code Vineland, NJ 08360					
		Name of Contact Jesse Hand		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 17 Temple Road			Square Feet 2500	# of Floors 2	Bldg. Age 70				
City (5) Vineland		County (6) Cumberland		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1000 Maplewood Drive Suite 207			Street Address 47 S. Lippincott Ave						
City, State, Zip Code Maple Shade, NJ 08052			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300		Telephone No. 856-755-0099					
Start Date (10) February 18, 2012		Scheduled Completion Date (11) February 25, 2012		License No. 00842					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor EMSL						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			Street Address 107 Haddon Ave						
			City, State, Zip Code Westmont, New Jersey 08108						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			xxx	Double layer Floor Tile	1040 SF	xxx			
Basement			xxx	Double Layer Mastic	1040 SF	xxx			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste		Name of Registered Landfill Grows Landfill			
City, State Mount Holly, New Jersey 08060				Disposal Date		City, State Tullytown, PA.			
Completed by William Lynch			Title Owner		Signature 		Date February 15, 2012		

check #
7652

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 02/10/2012		Name of Building Owner/Operator (2) Mr. & Mrs. Rosenthal								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 47 Fairfield Drive							
			City, State, Zip Code Short Hills, NJ 07078							
			Name of Contact Mrs. Rosenthal							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)								
Street Address 47 Fairfield Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Short Hills		Square Feet 1,500	# of Floors 2							
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address		Street Address 494 E. 41st Street								
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504								
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507							
Start Date (10) February 24, 2012		Scheduled Completion Date (11) February 27, 2012								
Name of OSHA Monitor Same as above		Street Address								
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Basement										
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		Pipe Insulation	120 L.F.	X				
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.						
City, State Paterson, NJ 07504			Disposal Date 2/27/2012	City, State Morrisville, PA						
Completed by James E. Unger		Title Project Manager	Signature 				Date 02/10/2012			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Check
1274

Date of Notification (1) 2/8/2012		Name of Building Owner / Operator (2) Elon Foster	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 132 Voorhees Avenue City, State & Zip Code Pennington, NJ Name of Contact Elon Foster
			Telephone Number _____
			ASBESTOS CONTROL & LICENSING
			RECEIVED FEB 17 2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 132 Voorhees Avenue			Square Feet 2000	# of Floors 2	Bldg. Age 60
City (5) Pennington	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL		
Street Address		Street Address 2129 Rt 33			
City, State & Zip Code		City, State & Zip Code Hamilton, NJ			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 215-295-1004	License Number 01091	
Scheduled Start Date (10) 2/20/2012	Scheduled Completion Date (11) 2/22/2012		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Avenue City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50lf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1cubic	Name of Registered Landfill Grows Landfill	
City, State Trenton		Disposal Date 2/23/2012	City, State Morrisville, PA		
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 2/8/2012

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



006214

Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) Port Authority Transit Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Carlton Street, P.O. Box 4262 City, State, Zip Code Lindenwold, NJ 08084 Name of Contact Ron Binder
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Collingswood Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address West Stiles Avenue		Square Feet N/A	# of Floors 1	Bldg. Age 20+
City (5) Collingswood	County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manhole	

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Mattiola Services, LLC	
Street Address		Street Address 2082 B Lucon Road		
City, State, Zip Code		City, State, Zip Code Skippack, PA 19474		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 610.539.5634	License No. 01077

Start Date (10) February 22, 2012	Scheduled Completion Date (11) April 30, 2012	Name of OSHA Monitor Mattiola Services, LLC		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2082 B Lucon Road		
		City, State, Zip Code Skippack, PA 19474		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Manhole A	X			Wrap insulation on electric cable	24 LF	X			
Manhole B	X			Wrap insulation on electric cable	24 LF	X			

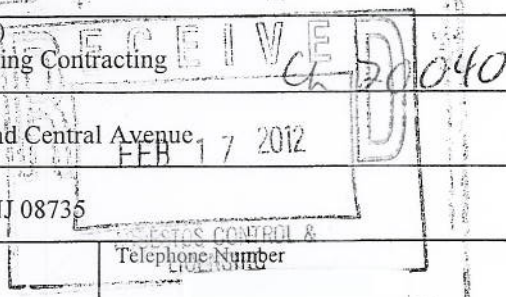
Name of Registered Waste Hauler American Disposal Systems, Inc.		NJDEP Waste Hauler ID No. SW2069	Cubic Yards of Waste	Name of Registered Landfill JP. Mascaro - Pioneer Crossing	
City, State PO Box 348, Lumberton, NJ 08048			Disposal Date	City, State 727 Red Lane Rd, Birdsboro, PA	
Completed by <i>Caroline Harper</i>	Title <i>Project Manager</i>	Signature <i>Caroline Harper</i>	Date 2/13/12		

20040

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 13, 2012		Name of Building Owner/Operator (2) Mattia Building Contracting	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1702 A Grand Central Avenue
			City, State, Zip Code Lavallette, NJ 08735
		Name of Contact Sal Mattia	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 219 Canal Lane			Square feet 1000sf	# of Floors 1	Bldg. Age 60
City Ocean Beach II	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 2/24/12	Scheduled Completion Date (11) 2/27/12		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			
		<input type="checkbox"/> Glovebag Procedure			
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

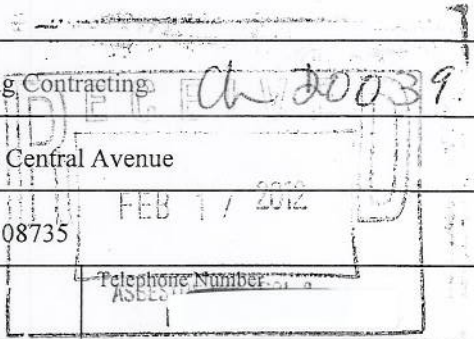
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify-SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/28/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 2/13/2012

*Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 13, 2012		Name of Building Owner/Operator (2) Mattia Building Contracting	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1702 A Grand Central Avenue
			City, State, Zip Code Lavallette, NJ 08735
			Name of Contact Sal Mattia



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 3391 Heron Lane			Square feet 1000sf	# of Floors 1	Bldg. Age 60
City Ocean Beach III	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 2/24/12	Scheduled Completion Date (11) 2/27/12		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/28/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 2/13/2012

*Do not use this form for asbestos licensure exempted activities.

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) Dan Tubb	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 38 Parker Place
			City, State, Zip Code Midland Park, NJ
			Name of Contact Dan Tubb

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 280 Wyckoff Avenue		Square Feet N/A	# of Floors N/A
City (5) Wyckoff		Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 2/23/12	Scheduled Completion Date (11) 2/24/12	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

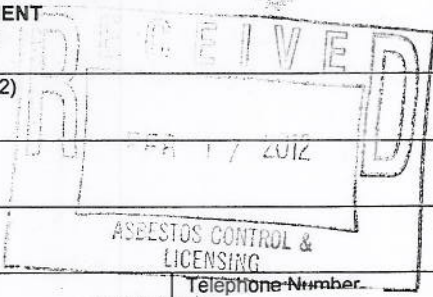
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		floor tiles & associated	400 SF	X			
				mastic under carpeting					

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of Pa	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 2/13/12	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) estate of Mary Puya	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 102 Belle Avenue	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Mary Tulling	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 102 Belle Avenue		Square Feet N/A	# of Floors N/A
City (5) Maywood		Bldg. Age N/A	
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685 License No. #00675
Start Date (10) 2/21/12	Scheduled Completion Date (11) 2/22/12	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	69 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of Pa	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>	Date 2/13/12	